

Electronic Filing System (EFS) Data
Electronic Patent Application Submission
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EFS ID: 12734
Application ID: 09682852
Title of Invention: Fault Current Limiter
First Named Inventor: Manoj Shah
Domestic/Foreign Application: Domestic Application
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Attorney Docket Number: RD-29526
Digital Certificate Holder: cn=Ann M. Agosti, ou=Registered Attorneys, ou=Patent and Trademark Office, ou=Department of Commerce, o=U.S. Government, c=US
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Total Fees Authorized: \$1536.0

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Deposit Account Number: 70868
Deposit Account Name: Ann M. Agosti



TRANSMITTAL FORM



Electronic Version 1.0.3

Stylesheet Version: 1.0

Attorney Docket Number:

RD-29526

Fault Current Limiter

First Named Inventor: Manoj Ramprasad Shah

SUBMITTED BY

Name: Ann M. Agosti
Registration Number: 37372
Electronic Signature Mark: AMA Date Signed: 20011024

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I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

Attached Files:

declaration	DEC1OF3.tif
declaration	DEC2OF3.tif
declaration	DEC3OF3.tif
patent-assignments	agostiRD29526lasgn.xml
fee-transmittal	agostiRD29526lfee.xml
ibid-transmittal	agostiRD29526lapds.xml
specification	29526.xml

Attached Image File(s):

DEC1OF3.tif
DEC2OF3.tif

APP_ID=09682852

Case	Age	Sex	Duration of illness (years)	Onset	Course	Family history	Genetic findings	Pathological findings	Response to treatment	Outcome
1	10	F	1	Acute	Chronic	None	None	None	None	Recovery
2	12	M	2	Acute	Chronic	None	None	None	None	Recovery
3	15	F	3	Acute	Chronic	None	None	None	None	Recovery
4	18	M	4	Acute	Chronic	None	None	None	None	Recovery
5	20	F	5	Acute	Chronic	None	None	None	None	Recovery
6	22	M	6	Acute	Chronic	None	None	None	None	Recovery
7	25	F	7	Acute	Chronic	None	None	None	None	Recovery
8	28	M	8	Acute	Chronic	None	None	None	None	Recovery
9	30	F	9	Acute	Chronic	None	None	None	None	Recovery
10	32	M	10	Acute	Chronic	None	None	None	None	Recovery
11	35	F	11	Acute	Chronic	None	None	None	None	Recovery
12	38	M	12	Acute	Chronic	None	None	None	None	Recovery
13	40	F	13	Acute	Chronic	None	None	None	None	Recovery
14	42	M	14	Acute	Chronic	None	None	None	None	Recovery
15	45	F	15	Acute	Chronic	None	None	None	None	Recovery
16	48	M	16	Acute	Chronic	None	None	None	None	Recovery
17	50	F	17	Acute	Chronic	None	None	None	None	Recovery
18	52	M	18	Acute	Chronic	None	None	None	None	Recovery
19	55	F	19	Acute	Chronic	None	None	None	None	Recovery
20	58	M	20	Acute	Chronic	None	None	None	None	Recovery
21	60	F	21	Acute	Chronic	None	None	None	None	Recovery
22	62	M	22	Acute	Chronic	None	None	None	None	Recovery
23	65	F	23	Acute	Chronic	None	None	None	None	Recovery
24	68	M	24	Acute	Chronic	None	None	None	None	Recovery
25	70	F	25	Acute	Chronic	None	None	None	None	Recovery
26	72	M	26	Acute	Chronic	None	None	None	None	Recovery
27	75	F	27	Acute	Chronic	None	None	None	None	Recovery
28	78	M	28	Acute	Chronic	None	None	None	None	Recovery
29	80	F	29	Acute	Chronic	None	None	None	None	Recovery
30	82	M	30	Acute	Chronic	None	None	None	None	Recovery
31	85	F	31	Acute	Chronic	None	None	None	None	Recovery
32	88	M	32	Acute	Chronic	None	None	None	None	Recovery
33	90	F	33	Acute	Chronic	None	None	None	None	Recovery
34	92	M	34	Acute	Chronic	None	None	None	None	Recovery
35	95	F	35	Acute	Chronic	None	None	None	None	Recovery
36	98	M	36	Acute	Chronic	None	None	None	None	Recovery
37	100	F	37	Acute	Chronic	None	None	None	None	Recovery
38	102	M	38	Acute	Chronic	None	None	None	None	Recovery
39	105	F	39	Acute	Chronic	None	None	None	None	Recovery
40	108	M	40	Acute	Chronic	None	None	None	None	Recovery
41	110	F	41	Acute	Chronic	None	None	None	None	Recovery
42	112	M	42	Acute	Chronic	None	None	None	None	Recovery
43	115	F	43	Acute	Chronic	None	None	None	None	Recovery
44	118	M	44	Acute	Chronic	None	None	None	None	Recovery
45	120	F	45	Acute	Chronic	None	None	None	None	

Comments:

[illegible]

DECLARATION FOR PATENT APPLICATION

Docket Number
RD-29,526

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

FAULT CURRENT LIMITER

the specification of which is attached hereto unless the following box is checked:

☐ was filed on _____ as United States Application Number or PCT International Application Number _____
and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56. I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign Application

_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)

Priority Claimed

☐ Yes ☐ No

☐ Yes ☐ No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.

_____ (Application Number)	_____ (Filing Date)
_____ (Application Number)	_____ (Filing Date)

I hereby claim the benefit under Title 35, United States Code §120 of any United States Application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

_____ (Application Number)	_____ (Filing Date)	_____ (Status - patented, pending, abandoned)
_____ (Application Number)	_____ (Filing Date)	_____ (Status - patented, pending, abandoned)

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, **CUSTOMER NO. 006147.**

Ann Marie Agosti, Reg. No. 37,372

Christian G. Cabou, Reg. No. 35,467, Jill M. Breedlove, Reg. No. 32,684, Donald S. Ingraham, Reg. No. 33,714, Noreen C. Johnson, Reg. No. 38,929, Patrick K. Patnode, Reg. No. 40,121, Ronald E. Myrick, Reg. No. 26,315, Henry J. Policinski, Reg. No. 26,621, Jay L. Chaskin, Reg. No. 24,030, James W. Mitchell, Reg. No. 25,602, Bernard Snyder, Reg. No. 24,843, Catherine J. Winter, Reg. No. 38,364, and John F. Beninati, Reg. No. 40,510.

Address all telephone calls to: ANN M. AGOSTI at telephone number (518) 387-7713

Address all correspondence to: **General Electric Company**
CRD Patent Docket Rm 4A59
P.O. Box 8, Bldg. K-1 - Salamone

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SOLE OR FIRST INVENTOR:

Full name: MANOJ RAMPRASAD SHAH

First Name

Middle Name

Last Name

Signature: Manoj Ramprasad Shah

Date

October 10, 2001Residence: LATHAM, NY

City and State

Citizenship: USAPost Office Address: 4 CHIPPENDALE CT., LATHAM, NY 12110

SECOND JOINT INVENTOR:

Full name: WILLIAM JAMES PREMIERLANI

First Name

Middle Name

Last Name

Signature: William James Premierlani

Date

10/22/01Residence: SCOTIA, NY

City and State

Citizenship: USAPost Office Address: 133 WOODHAVEN DR., SCOTIA, NY 12302

THIRD JOINT INVENTOR:

Full name: PATRICIA CHAPMAN IRWIN

First Name

Middle Name

Last Name

Signature: Patricia Chapman Irwin

Date

October 10, 2001Residence: ALTAMONT, NY

City and State

Citizenship: USAPost Office Address: 1097 KNOX CAVE RD., ALTAMONT, NY 12009

FOURTH JOINT INVENTOR:

Full name: GUANZHONG (NMN) GAO

First Name

Middle Name

Last Name

Signature: Guanzhong Gao

Date

10/10/01Residence: SCHENECTADY, NY

City and State

Citizenship: ~~USA~~ P.R. ChinaPost Office Address: 11 EDISON DR., SCHENECTADY, NY 12309

FIFTH JOINT INVENTOR:

Full name: NANCY ELLEN FROST

First Name

Middle Name

Last Name

Signature: Nancy Ellen Frost

Date

10/10/01

Residence: BALLSTON LAKE, NY

City and State

Citizenship: USA

Post Office Address: 20 MCCORMICK LANE, BALLSTON LAKE, NY 12019

SIXTH JOINT INVENTOR:

Full name: KAREN BROADWELL LAUSIER

First Name

Middle Name

Last Name

Signature: Karen Broadwell Lausier

Date

Oct. 15, 2001

Residence: TERRYVILLE, CT

City and State

Citizenship: USA

Post Office Address: 9 MAGNOLIA LANE, TERRYVILLE, CT 06766

SEVENTH JOINT INVENTOR:

Full name: _____

First Name

Middle Name

Last Name

Signature: _____

Date

Residence: _____

City and State

Citizenship: _____

Post Office Address: _____

EIGHTH JOINT INVENTOR:

Full name: _____

First Name

Middle Name

Last Name

Signature: _____

Date

Residence: _____

City and State

Citizenship: _____

Post Office Address: _____

FEE TRANSMITTAL

Electronic Version 1.1.0

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Large Entity

TOTAL FEES AUTHORIZED: \$ 1536

The commissioner is hereby authorized to charge indicated processing and/or publication fees and credit any overpayments to:

Deposit Account Number: 07-0868



Deposit Account Name: General Electric Company

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.

SUBMITTED BY

Authorized Name: Ann M. Agosti

Electronic Signature Mark: AMA

Date Signed: 20011024

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	101	\$ 740

Subtotal For Basic Filing Fee: \$ 740

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 62	103	\$ 18	42	\$ 756
Independent Claims: 2	102	\$ 84	0	\$ 0

Subtotal For Extra Claims Fees: \$ 756

ADDITIONAL FEES

Fee Description	Fee Code	Fee Paid	Quantity	Number
Recording Each Patent Assignment Per Property Fee	581	\$ 40	1	00000000

Subtotal For Additional Fees: \$ 40